

Permit #:	Permit	#:	
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## City of Carmel/Clay Township RESIDENTIAL IMPROVEMENT LOCATION PERMIT APPLICATION

MOTANA				Structure	s, Additions,	Remodels,	& Accessory Structures
BUILDER OF	MAINE.	inal Form is t		PHONE:	1/1	A	FAX:
RECORD:	STREET ADDRESS:	<u>o de eldelieve</u>		СІТУ	7 / 10	STATE:	ZIP:
	BUILDER'S EMAIL ADD	PRESS:		17	BE T METHOD OF	CONTACT:	
PROPERTY OWNER:	NAME:		17,37	NE:			FAX:
- CWINZIN	STREET ADDRESS:	No.	182	CITY:	,	STATE:	ZIP:
LOCATION & PROJECT	LOT #:	SUBDIVISION			SECTIO	N:	ZONING:
INFO:	ADDRESS OF CONSTRI	JCTION:					SQUARE FOOTAGE:
SEWER UTILITY PROVIDER:		WATER UTILITY PROVIDER:			IMATED COST OF ( CLUDING LAND VA		N:
NAME OF UTILITY EXCA NUMBERS; TAC DATE(S	AVATION CONTRACTOR; I ); AND/OR COUNTY WEL	PLAN COMMISSION / BZ . AND/OR SEPTIC PERM	A / BPW DOCKET IT #'S (IF APPLICAB	LE):			
FLOOD ZONE AREA DES FOR THIS PROPERTY:	SIGNATION(S)				TAX MAP PARCEL	.#:	
YPE OF CONSTRU	ICTION: TY	PE OF IMPROVE	MENT:	PLUMBIN	NG CONTRACT	ror:	
☐ SINGLE FAMIL ☐ TOWN HOME ☐ TWO FAMILY # of units be	eing	NEW STRUCTU ROOM ADDITIO PORCH ADDITI DECK ADDITIO	ON(S) ON(S)	Plumber's	Indiana State	License #:	
constructed time: RESIDENTIAL Additions, Rem	(For (nodels, Etc.)	☐ REMODEL  Basement  ☐ ACCESSORY BU  ☐ DETACHED GAR  ☐ ATTACHED GAR	ILDING AGE	☐ Intern		ntial Code w	the construction: I/Indiana Amendments  na Amendments
PROJECT INFORM	MATION:	DEMOLITION		FOUND	ATION TYPE:	(Check all	that apply for the new
Early Release Permit:		nufactured isses:	V N	construc	ction area)		
Lot Split:			_YN _YN		CRAWLSPACE  SLAB   E		ST & BEAMPIER VALKOUT:YN )
days of the date of is	suance of the building	permit, and must be co Administrative Rules o	mpleted (Certifica	ite of Occupa ina (See 675 I	ncy issued) withi	n 18 months o	ction commences within 180 of the issuance date. Class I me frames for beginning and
I, the undersigned, agre requested by this applic 289) and amendments, a kitchen, bath, and floor Occupancy has been iss	ation will comply with, adopted under authority drains are connected to 1	reconstruction, enlarge and conform to, all appl of I.C. 36-7 et seq, Gene he sanitary sewer. I fui	ement, relocation, or icable laws of the St ral Assembly of the rther certify that tl	alteration of ate of Indiana State of India ne construction	i, and the "Zoning na. and all Acts am	Ordinance of ( endatory ther	Carmel Indiana – 1993" (Z- eto. I further certify that only
Signature of Owner or Aut	thorized Agent		Print				Date
FFICE USE ONLY:	********	*********			******	******	*******
INSPE	CTIONS REQUI	RED:	Filing Fees				# Charged De
Upper Footing	Lower Footing	Under Slab	Base Inspection Cert. of O				# Charged Re- Reviews
Rough In	Meter Base Fi	nal Site	P.R.I.F.:				Additional Fees
				TO	TAL:		

Fee Received by: